

UO's I.D.E.A.L. Imperative: A Response to COVID-19



Prepared by the Division of Equity and Inclusion

Fall 2020



Division of
Equity and Inclusion

UO's IDEAL Equity Imperative

Dear UO Community Members:

In a time of world-wide stress and dislocation, we are writing to provide a reminder of the resources that are available on our campus to ensure equitable access and achievement for all. In addition to the information and resources that follow, we encourage you to avail yourself of support that many on our campus are working hard to provide.

Mother Theresa once said, "if we have no peace, it's because we have forgotten that we belong to each other." As you read the information that follows, let us lean in to care for and support one another.

Thank you, Yvette and the DEI Team.

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As our UO strives to maintain its commitment to the pursuit of academic excellence in the midst of the COVID-19 pandemic, the crisis is teaching us that equity concerns are imperative to that pursuit. We have good examples of actions that the UO took early on in the crisis which reflect attention to equity concerns. These include addressing access to technology tools necessary for learning and work, and stopping the tenure clock and evaluative processes to ameliorate the disproportionate toll that COVID-19 is having on women faculty and faculty of color. In moving forward our continuity, engagement and recovery efforts, we outline below recommendations and sample questions to guide our current and future decision-making, planning and implementation:

- Use *disaggregated data* to identify trends and invest limited resources where they are most needed.
- Use the *IDEAL (Inclusion, Diversity, Evaluation, Achievement, Leadership) Equity Lens* tool in decision-making with an eye toward facilitating success in student access, faculty excellence and the student experience.
- Use an *ethic of care* in making tough-minded decisions.

Guiding Questions for Planning:

1. **Student Success and Retention.** How do we use disaggregated data, wrap-around support, technological resources and culturally-relevant ethics of care to ensure the retention and success of all of our students? As we look at those students who are dropping out or underachieving, who are they (demography, geography, discipline, graduate, undergraduate and professional, etc.)? What resources do they need (academic, social support, wellness, other)?
2. **Ethics of Care:** Considering the complexity of identity, how are we engaging with different communities (employment categories, demographic, constituent, etc.) in ways that demonstrate the university's commitment to their wellbeing, even as we make difficult financial decisions?
3. **Budgeting:** As we think about budgeting decisions, what populations, priorities and areas are so crucial to UO's mission and future that they demand additional investment in order to secure the future wellbeing of our institution? What processes and methods can we put in place to ensure that our "solutions" do not fall disproportionately on our most vulnerable populations?
4. **Academic Planning:** As we prepare for the possibility of academic restructuring, how do our current curricular offerings map on to knowledge gaps in our society? How do we restructure our financial and human capital investments to ensure that the UO is a leading contributor to the knowledge needs of the future? What learning outcomes can we embed in our curriculum to ensure that our graduates have the ability to lead effectively and ethically on the world stage?
5. **UO Frontline Workers:** What does it mean to make difficult decisions while also showing empathy and compassion for affected staff and faculty? As we witness the impact of COVID-19 on "frontline workers", who are the UO equivalents and how are they being treated?
6. **Resumption:** As we plan for our community's eventual return to campus, how are we anticipating the different needs of our community members – e.g., maintenance staff who may need access to computers; students, staff and faculty who may need different types of

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protective gear; students who may need a more flexible class schedule, including evening and weekend options, etc.?

7. **Faculty and Staff Retention:** As we welcome new members to our community, what does it mean to create the kinds of spaces that are expansive, life giving and welcoming? What role can you play in fostering retention for all members of our community?

The IDEAL Equity Lens:

[The IDEAL framework](#) and DAPs highlight individualized opportunities and barriers, as well as scalable solutions for advancing equity across campus. They provide a critical foundation for use of this UO IDEAL Equity Lens to protect existing gains, while also expanding, deepening and accelerating the work. The following five key questions should be addressed when designing and implementing policies, processes and programs, particularly in evaluation, assessment and fiduciary processes amidst the COVID-19 continuity, engagement and recovery processes:ⁱ

1. What is the current state of equity with respect to the issue at hand?
2. Who are the racial/ethnic and other underserved groups affected? What is the potential impact of the resource allocation and strategic investment to these groups?
3. Does the decision being made ignore or worsen existing disparities or produce other unintended consequences? What is the impact on eliminating the opportunity gap?
4. What are the barriers to more equitable outcomes? (e.g. mandated, political, emotional, financial, programmatic or managerial)
5. How are we appropriately involving stakeholders in the decisions that may ultimately affect them? Consider using input (surveys, small group discussions, scenario planning, focus groups, etc.) from stakeholders to validate your assessments in 1, 2 and 3. Stakeholder input is very important, however, there may be times when direct feedback on specific actions is not possible due to the confidential nature of potential HR actions.”

In addressing these issues, it is important to lead with an [ethic of care](#):

- a. How do our policies and processes nurture the selfless wellbeing of others (Love)?
- b. How will living into the UO values and being appropriately transparent in our work enhance our mission now and in the future? (Authenticity)
- c. How are we moving through fear to be who we need to be and do what we need to do? (Courage)
- d. How are we holding space for and acknowledging the concerns, emotions and experiences of others within the context of difficult decisions that need to be made now? (Empathy)

The next phase of this document provides an overview of some of the ways that COVID-19 is impacting different aspects of our community. We invite you to review the list and associated recommendations and then to give and receive support necessary to thrive during these “wonder-filled” times.

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Impact of COVID-19

COVID-19 is having a devastating impact on the entire world, but its impact varies across different communities. On the following pages, we outline the ways in which COVID-19 is having an impact on different segments of our UO community, and also provide recommendations about how to show up and act in ways that ameliorate the pain. The list is not meant to be exhaustive, but rather to raise awareness of the ways in which different members of our community are impacted and to urge your support and care as we together move forward step by step.

Overall Recommendations:

- Lead with ethics of care that acknowledge the impact of COVID-19, and consult with underrepresented groups to understand the impact of proposed policies before they are implemented. Assume good intent and good will on the part of leaders and supervisors, who are doing their best to lead in times of rapid change, fiscal austerity and uncertainty.
- In light of the unprecedented impact of COVID-19:
 - provide an opt-out policies around tenure and promotion processes,
 - rethink evaluation criteria (especially in areas that have normally undervalued the contributions made by women and faculty of color), and
 - adjust expectations about creative practice and research productivity until normal campus operations resumeⁱⁱ.
 - Extend time-to-degree expectations and funding resources for graduate studentsⁱⁱⁱ
 - Record all class sessions, departmental meetings and, where appropriate, community-building events so that they can be accessed asynchronously.
- Connect faculty, staff and students with mental health resources as they cope with increased anxiety and stress during this time^{iv}.
- Attention to issues of transparency coupled with ongoing consultation (about workload, priorities, policy changes) provide clarity and safeguard fairness during these turbulent times.

As we communicate through various venues on campus, it is important to acknowledge the ways in which COVID-19 is impacting members of our community in different ways, and also to understand how intersectionality complicates the impact of COVID-19. Originally, Kimberlé Crenshaw coined the term to describe the predicaments that African American women face when power interlocks and intersects.^v Since that time, it has been used to describe the combined effects of multiple identities, including race, gender, sexual orientation, religion and employment status. The pages below provide examples of how members of our community are being impacted differently by COVID-19, and what we can do to provide support.

Impact on Black, Indigenous, Latinx, Asian, Desi and Pacific Islander and low income Communities:

Black, Native, Latinx, immigrant and low-income communities are more likely to develop serious complications and/or die from COVID-19 because they have higher rates of racialized health disparities or underlining factors, including diabetes, hypertension, and asthma. Many also live in communities that

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have been impacted by environmental racism, including health consequences from institutional racism, exposure to racist violence and higher risks of poverty at the intersections of race, class and gender.^{vi} Asian, Desi and Pacific Islanders are experiencing heightened levels of discrimination, some due to a false emphasis on the virus' origins.

Recommendations:

- Consistent with recommendations in Science, we recommend the following: “External reviewers and tenure and promotion committees should make three adjustments to the evaluation process. First, they should instruct candidates to pick the 6 best years of their record and require that evaluators and committees assess only the quality and impact of research, teaching, and service from those years, not the total years after completing their Ph.D. (or after attaining tenure, in the case of full professors). Second, evaluators should require a COVID-19 impact statement that explains the research, teaching, and service that candidates were able or unable to do, infrastructural or financial constraints, and obligations including child and elder care. Third, reviewers and committees should consider qualitative and holistic assessments in addition to quantitative evaluations such as number of publications, citations, impact factors, research expenditures, and teaching scores.”^{vii}
- Provide appropriate types and levels of support for students, faculty and staff, who are disproportionately affected by the stress of caretaking, grief and loss associated with impacts of COVID-19.
- Design opt-out policy accommodations that level the playing ground.
- Encourage use of leave time, flexible working arrangements and self-care, as well as access to student relief funds (to be created, if not available, as peer institutions are doing).
- Remind our community about the importance of treating one another with love, respect and kindness. Enforce antidiscrimination policies.
- Provide faculty and staff with professional development opportunities to hone skills for addressing incivility in the classroom and in other campus spaces.
- Ensure that students who are impacted by discrimination receive support and that offenders are held accountable for their actions.
- Engage each of the respective communities of color in decision-making and planning that impact their success, advancement and status on campus.
- Allies should be encouraged and educated about how to step up and support during this time.
- Support resources and groups that build resilience in communities of color.

Impact on Women:

Women and women faculty, staff and graduate students are more likely to also be caretakers for children, parents and extended family members. This means that they are not only dealing with the universal stresses associated with COVID-19, but they are also taxed with additional emotional, cognitive and physical labor that is often unrecognized and uncompensated. Research has shown a marked decline in productivity for women academics.^{viii}

Recommendations:

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- Continue focused [progress](#) in moving forward with the recommendations from the [campus survey of faculty](#) and the Center for the Study of Women in Society (authored by Professors Michelle McKinley and Lynn Stephen), respectively for addressing COVID-19 impacts on faculty.
- Act on findings from the campus survey of faculty to eliminate the barriers as well as to get their input on possible remedies as well as an associated timeline for enacting them.
- Design opt-out policy accommodations that level the playing ground.
- Work with community entities to provide dependent care options.
- Support resources and groups that build resilience in communities of color.
- Ensure that all non-critical service work is suspended during the Pandemic.

Impact on People with Disabilities

In the current COVID-19 environment, many people with disabilities are unable to access health care, and there is concern about medical rationing. People with disabilities are more likely to be impacted by the difficulty of finding reliable in-home care, to access critical medical supplies. A large group of scholars have joined together to form the [Accessible Campus Action](#) to address issues of serving those with disability at the time of COVID-19.^{ix}

There is also significant intersectionality between disability and other marginalized or targeted groups. In the LGBTQ+ community, for example: “According to a study published in 2012, fully 36 percent of women in the LGBTQ+ community and 30 percent of men in the community also self-identify as persons with disabilities. Digging deeper, 26 percent of gay men and 40 percent of bisexual men disclosed having a disability, as did 36 percent of lesbians and 36 percent of bisexual women.”^x

Additionally, those with “hidden disabilities” including those that are of particular risk to COVID-19 such as diabetes and asthma, may be hesitant to disclose their disability or those of their family members for fear of reprisal or discrimination.

Recommendations:

- Ensure that communication efforts are inclusive to reach community members with vision, hearing and cognitive disabilities.
- Frequent hand washing is not always an option for people with certain physical disabilities. Therefore, access to different types of sanitation resources is important.
- Mask-wearing makes it difficult for some people with hearing disabilities to communicate. Providing clear masks or face shields for community members who are deaf or hard of hearing is necessary.
- Masks with straps that go over the ear are difficult for those who wear hearing aids or other assistive devices. Providing a variety of masks, including with over the head bands is necessary.
- Create policies that do not unnecessarily expose those with disabilities to further impact or discrimination.

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Impact on LGBTQ+ Communities

The Fenway Institute [reported](#) that LGBTQ+ populations are much more likely to experience higher levels of chronic conditions including heart disease, obesity, cancer and HIV.^{xi} Also, LGBTQ+ individuals are more likely to be socially isolated from other groups. Because of discrimination against LGBTQ+ people, and community, members are between a rock and a hard place in dealing with the fear of the loss of jobs on the one hand and fear about compromising the health of partners and family members who may be immunocompromised, as outlined by the quotation below:

- “LGBTQ+ people experience higher rates of HIV and of cancer. This means more of us may have weakened immune systems that can make us more vulnerable to COVID-19.
- LGBTQ+ people regularly experience discrimination and lack of cultural competence when seeking health care. As a result, many avoid or delay seeking health care even in emergency situations.”^{xii}

Additionally, there is a high population of LGBTQ+ youth who are homeless, heightening the negative impact of COVID-19 as well as its associated stressors. According to the [Trevor Project](#), “As a result of family rejection, discrimination, criminalization and a host of other factors, LGBTQ youth represent as much as 40% of the homeless youth population. Of that population, studies indicate that as many as 60% are likely to commit suicide.”^{xiii}

Recommendations:

- Ensure that students have the access to health insurance for physical and mental wellness needs.
- Ensure that our health messaging includes information that is relevant to LGBTQ+ community members.

Impact on Rural Communities^{xiv}

Rural areas contain a higher level of elderly people and poor people. Many people in rural communities are more likely to live longer distances from health care facilities, which are also less likely to be well staffed.

Students, faculty and staff in rural communities are also more likely to experience the digital divide. According to a 2020 [article](#) in *Vox*, 33 million people in America live without internet, including 15% of folks living in rural areas.^{xv} Many in rural areas depend on business or libraries for internet access, but many of those businesses and libraries are now closed due to COVID-19, making access that much more challenging.

Weather-related disasters, alongside the impact of COVID-19 on agriculture and trade policies are making it difficult for some families in rural America to make ends meet. These financial difficulties are likely to impact the ability of families to support tuition costs.^{xvi}

Recommendations:

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- More targeted outreach and support for rural students, especially in terms of financial aid and social support.
- Establish affinity groups for students from rural communities.
- In addition to advising, provide care call centers to support students from all backgrounds, who feel lonely and isolated.
- Connect rural students with housing and food support resources in their rural areas.
- Ensure that students have access to technology, including laptops and internet access. Where necessary, provide resources for enhanced data plans to allow students to submit work via phone.

Differential Exposure to COVID-19:

National data suggest that white, male and more highly-educated employees are more likely to work in positions where staying at home is an option, and thereby exposure to COVID-19 is much more limited.

Recommendations:

- Ensure that policies governing access to remote working and learning arrangements are equitable, across employment sectors and demographics.
- Ensure that colleagues on the front lines of service provision have access to personal protective equipment, health insurance and fair wages.
- Understand how COVID-19 has a differential impact on different members of the UO community, and that students and colleagues who have been disproportionately affected need different levels of support.
- Extend outreach to and expand funding for under-represented students (new and continuing, graduate as well as undergraduate) to ensure that they feel a sense of welcome and have the resources to matriculate.

Biased Medical Criteria for Diagnosing COVID-19:

Early diagnoses of COVID-19 focused on two questions: (1) whether the patient had traveled to areas where COVID-19 cases were prevalent, or (2) whether the patient had been exposed to someone with COVID-19. These testing criteria were more likely to position white and more affluent people to be tested and treated for the Coronavirus or its symptoms, leaving untested many folks of color who had contracted it through service work or other exposures. The lack of testing, combined with pre-existing health disparities, explains why Indigenous, Black, Latinx and other minoritized communities are dying disproportionately from the disease.^{xvii}

Recommendations:

- Ensure that the UO health facilities utilize inclusive testing procedures (focusing on the most vulnerable populations) on campus to ensure that members of our community have access to testing and treatment options, consistent with Oregon Health Authority and Centers for Disease Control, respectively, guidelines.
- Professional development for health providers on our campus, including trauma-informed practices.

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Differential Access to Space in Remote Teaching, Working and Learning Environments:

Space and economics are often linked. Not all employees or students have the benefit of safe, spacious and welcoming living environments. Additionally, some of our colleagues and students may now need to engage in caretaking, health and safety routines during “normal” work and class hours. LGBTQ+ students as well as students from foster care systems may be estranged from families with no place to go, may feel more isolated and may be more susceptible to infection. Flexibility and communication about how, when and where work and assignments are due are important.^{xviii}

Recommendations:

- Conduct a needs-based assessment to gauge an understanding of students’ and colleagues’ learning and working contexts.
- Ensure that students in rural communities as well as Native students on the reservation have access to the resources necessary to thrive.
- Consider the possibility of encouraging students who need additional time to complete their work to apply for an incomplete and to use the summertime to catch up.
- Balance structure with flexibility to ensure that students and colleagues have opportunities to succeed, including students who are also parenting alone at this time.
- Be clear about expectations and involve students and colleagues appropriately in decision-making processes that affect them.
- Assist students with their technology needs, including free and low cost internet options and/or loaner laptops to enable equal access to remote instruction.
- Asynchronous work and learning options are likely to increase engagement course and work-related material because they can be accessed at more convenient times and spaces.
- Encourage faculty to use resources provided by the UO’s [Teaching Engagement Program](#) (TEP).
- Encourage virtual community for and among students, faculty and staff while away from campus, as way of minimizing or reducing isolation.
- Use ethics of care to ensure that students feel nurtured and connected.
- Provide resources with health providers and counseling center for those who may be experiencing home abuse or violence and need confidential support.

Differential Impact of Online Learning for Student Success:

Remote students with ADHD, autism, anxiety and other forms of neurodiversity may not have access to on-campus support mechanisms that are foundational to student success.

Recommendations:

- Online support groups for students who are neurodivergent are important in lifting spirits and sharing strategies for success.
- Use universal design when setting up classes.
- Ensure that students have online support for tutoring as well as access to text readers and other support.

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Heightened Discrimination and Harassment:

Nationally, racism, Sinophobia and xenophobia are on the rise for Asian American and Asian students, and other communities of color, as well as Muslims^{xix} and Jews,^{xx} continue to face discrimination and harassment. Women, who are on the frontline of providing childcare service and food service work, are experiencing higher levels of domestic abuse.

Recommendations:

- Conduct a virtual UO town hall to explain how processes and policies for addressing discrimination are to be managed in remote environments.
- Engage in outreach to all members of the community, reminding everyone of UO's commitment to equity and inclusion.
- Remind employees of the UO's Employee Assistance Plan (EAP) and other supportive resources.
- Conduct additional virtual outreach for underrepresented communities, students with disabilities and older members of our community to understand the issues they are facing and how to ensure that existing systems are meeting their needs.

How Some Federal Guidance/Recommendations Reinforce Existing Marginalization:

Mandates to wear facemasks are problematic for people with hearing disabilities, who often use lip reading to comprehend and communicate. In addition, the use of facemasks may exacerbate existing racial stereotypes and implicit biases.^{xxi}

Recommendations:

- As UO considers the policies that it will continue to undertake throughout the Fall term and beyond, we must ensure that our policies provide optimal safety and a sense of wellbeing for all members of our community.
- Training and professional development for our police officers around issues of racial profiling, implicit bias and ensuring that all members of our community have a sense of belonging and safety.
- Educate our campus community about the legitimate safety concerns that black men and other men of color have about wearing face masks in public. Use the COVID-19 pandemic to educate and bring about change for the better.

Endnotes

ⁱ This lens is based on the Higher Education Coordinating Commission (HECC) Oregon Equity Lens:

<https://www.oregon.gov/highered/about/Documents/State-Goals/HECC-Equity-Lens-2017-reformat.pdf>.

We also benefitted from an Equity Decision Tool created by Carlos Sequeria and his team at Lane ESD as well as input from the [UO President's Diversity Advisory Community Council](#).

ⁱⁱ <https://www.insidehighered.com/advice/2020/04/09/covid-19-demands-reconsideration-tenure-requirements-going-forward-opinion>; <https://science.sciencemag.org/content/368/6495/1075>

ⁱⁱⁱ <https://www.insidehighered.com/news/2020/04/07/graduate-students-seek-time-degree-and-funding-extensions-during-covid-19>

^{iv} <https://www.nature.com/articles/d41586-020-02439-6>

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^v Kimberlé Crenshaw, "[Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color](#)", Stanford Law Review, Volume 33, #6., pp. 1241-1299.

^{vi} See, for example, NAACP, [Coronavirus Equity Considerations](#); RacialEquityTools.org, [Covid-19 Racial Equity and Social Justice Resources](#)

^{vii} <https://science.sciencemag.org/content/sci/368/6495/1075.full.pdf>

^{viii} [Are women publishing less during the pandemic? Here's what the data say](#), Giuliana Viglione. *Nature*, May 2020. Early analyses suggest that female academics are posting fewer preprints and starting fewer research projects than their male peers.

^{ix} Accessible Campus Action Alliance (2020), "[Beyond 'High-Risk': Statement on Disability and Campus Reopenings.](#)"

^x [LGBTQ+ People with Disabilities](#), Respectability (accessed August 26, 2020)

^{xi} [A Snapshot of How COVID-19 Is Impacting the LGBTQ Community by Michelle Samuels](#). BU Today, June 2020

^{xii} [LGBTQ+ People and COVID-19](#). Ithaca College

^{xiii} [Youth Homelessness](#). Trevor Project. (Accessed August 26, 2020)

^{xiv} [Policy Implications of Coronavirus Crisis for Rural Development](#), published by OECD. June 16, 2020

^{xv} [I live in rural America cut off from the internet. The pandemic has made me more isolated than ever](#), Karie Fugett, VOX, Apr 9, 2020

^{xvi} [Lessons Learned from Rural Community Colleges' Response to COVID-19](#), Suzanne Wilson Summers. *Higher Education Today*, June 22, 2020

^{xvii} See, for example, Center for Disease Control and Prevention, [Covid-19 in Racial and Ethnic Minority Groups](#),

Julia Craven, [How Racial Health Disparities Will Play Out in the Pandemic](#), *Slate*, March 2020

Susan Dominus, [How New Jersey's First Coronavirus Patient Survived](#), *NY Times*, April 2020

^{xviii} See Rice University, Center for Teaching Excellence, [Inclusion, Equity and Access While Teaching Remotely](#)

^{xix} [Pandemic politics: A public health crisis and a hate crisis: COVID-19 and Islamophobia](#),

Turan Kayaoglu, Brookings Institute, June 17, 2020

^{xx} [Coronavirus lockdowns are fueling an 'explosion' of anti-Semitism online](#), Amy Woodyatt. CNN, July 30, 2020

^{xxi} See, for example, [For Black Men, Homemade Masks May Be a Risk All Their Own](#), Alejandro De La Garza. *Time*, April 2020

UO DEI website resources:

[An IDEAL Framework](#)

[LACE Resources:](#)

[Faculty Resources](#)

[Student Resources](#)

[Responding to Bias and Xenophobia](#)

[Accessibility and Serving People with Disabilities](#)

[Serving Rural Communities](#)

[Ethics of Care](#)

[Wellness for underserved populations and allies](#)

[Necessary Trouble: Ally Work](#)

[Black Lives Matters: Campus and Community Resources, Information, Messages](#)

[Campus Resources](#)